

Head Start and Your Dental Practice

Narrator: Welcome to the Head Start and Your Dental Practice with Dr. Jessica Meeske. Dr. Meeske will give you practical information about working with your local Head Start school readiness program, which helps children birth to five get comprehensive services, including dental care. Dr. Meeske is a pediatric dentist in private practice. She chairs the Medicaid committee of the Nebraska Dental Association as well as her local school board, and she is a member of the Medicaid CHIP subcommittee of the American Academy of Pediatric Dentistry. Dr. Meeske was honored as the New Dentist of the Year by the American Dental Association and the Nebraska Dental Association, and she has been a state team leader for the Head Start Dental Home Initiative.

Dr. Jessica Meeske: There's over a million kids in this country involved in the Head Start program. And what I've learned is that if kids aren't healthy, both with their bodies and with their mouths, they can't learn in school. So that's why it's important for us to take care of these kids so they're ready for school. One of the things that's important for dentists to understand is when it comes to kids and tooth decay in this country, 20 percent of the children have 80 percent of the disease. And tooth decay is so prevalent – five times more common – than even childhood asthma.

So there is much work for us to do. And the more we can see kids younger and prevent the disease before it occurs, the better it is for all of us. Head Start programs are very easy to work with because, number one, they've already made that child's health a priority. And so it's just a very simple process to do a quick history, tip the kid back in your lap or take 'em back into your clinic area, do an exam, do an x-ray, a cleaning, and some fluoride, and try to establish a dental home for this child and forming a relationship with both the child and the parent. Well, when Head Start calls me and asks me to see a young child, we have that child come in with their parent. Sometimes someone from Head Start comes, particularly if you need help with a translator. And what we try to do is let that parent or caregiver know that we want to be a dental home for that child.

We want to make sure that they know we're here to help them. I think it's been very easy to interact with Head Start parents. They're very engaged in their children. They're interested in learning how to keep their kids healthy. So it's not been a problem at all for these parents to come in. And one of the things I love doing is making sure we're educating these parents about how to prevent dental disease. One of the things we found working with the Head Start population is many of these kids that we see do not have dental disease, and so those become your very easy dental visits. And then, you know, if you can focus on the children that do need your services, then those are the kids you need to spend more of your time with. But it ends up being a small percent of the total population. But when one of these kids enrolls in Head Start, they need to be seen by a dentist within 90 days. And so, what we do is we would just set up a day or two where the Head Start kiddos would come in and we would take a look at them and establish a treatment plan for their care. And they just became a very easy population to see. And so, for me, it was an instant group of patients that I could start with.

Of course, these kids have siblings and the parents end up having more children. And one of the things I've found is when you work with your Head Start nurse or your Head Start coordinator, they give your

name out to the local school nurses and it just becomes an instant way for them to refer patients to you. Well, you know, for me, if I can see these kids early and prevent disease, that means I can keep more kids out of the operating room. And once you have to take a child to the operating room, the expenses go way up for the Medicaid program, for the family that's involved, just in terms of the time the parents have to take off work, the time that child misses school; and for me, it just becomes a real personal mission because if we have children that are missing school, whether it be Head Start or whether it be in elementary school, then this becomes a problem for these kids missing too much school and therefore not being able to learn.

So the one thing I've learned is that health and education are so closely interconnected. You can't have one without the other. And what Head Start has been is really a model for making sure that kids have both at such an early age. Particularly if you're a dentist that really enjoys seeing kids, this is a great way to have very quick easy dental visits. And one of the things that particularly general dentists need to remember is just because you're a dental home for these kids, it doesn't mean that you have to be the dentist that provides the definitive treatment. If you see that child and you're seeing something with their mouths that you're not comfortable taking care of, you have pediatric dentistry colleagues all over your state, all over the country, that are there – willing to be your partner to help take care. In my state, almost half of the children in Nebraska are covered by Medicaid or the CHIP dental program, and so I want to make sure that I practice in a way that takes care of all kinds of kids.

And it doesn't just self-select or cherry pick those children that have resources. We have a responsibility as healthcare providers to play a role in helping to lift the oral health of all children, not just children who come from families with means. One of the things that you need to understand about children that are enrolled in the Medicaid and the CHIP dental program is if nearly half the children in your state are covered by that particular insurance program, only half of those children are actually seeing a dentist and getting dental care. In our practice, about half of the children in our practice that we see are covered by either the Medicaid or the CHIP insurance program. And what we found is that working with our Medicaid program is just like working with any other private insurance company. So we see the children, you fill out your claims electronically – if you want to get paid quicker – and then normally you're only talking about anywhere from three to five billing codes to see children for initial visits or for checkup visits. And once we bill Medicaid, we are normally paid within ten days.

And so it actually has been a pretty easy and streamlined process. It's part of the mission of your practice to take care of these kids, so they need to become familiar and comfortable with seeing these families and communicating with these parents and in working with your local Medicaid program. But we have found it's very simple to do. That person who answers the phone needs to be one of your receptionists that feels very comfortable in helping these parents. Oftentimes, these parents themselves may not visit a dental office and they don't always know what is appropriate in setting up appointments and in bringing their child in. So the first thing is, is making sure they make that parent or caregiver feel welcome.

The other thing we do is make sure they take some preliminary history down so we know if that child has any kind of special healthcare needs that need to be addressed. You know, is this a child that might

be diabetic and that best time for a dental appointment for that child is early in the morning? The next step is we want to make sure that that front office person confirms that dental appointment. And we've looked at all different kinds of systems for helping parents to keep their dental appointments. The one that we have found works the best is we use a texting system.

So this parent or caregiver would receive a text and we can set it up for the day before, an hour before, and sometimes we do both, just to ensure that that family will keep that dental appointment. Once the family comes in, then either my dental assistant or dental hygienist will sit down, visit with that parent or caregiver, ask questions about what are their questions or concerns about their child's teeth, and just make sure that they have a tour of the office, they see it's a very child friendly place, and make them feel comfortable. So questions that that staff person is going to ask is questions about home care. How often do they brush the teeth? Is the child getting an adequate amount of fluoride? What have been the infant feeding practices? What type of a diet does this child have? How much sugar does this child ingest? Oftentimes for these parents, it can be very cultural – that that child sleeps with their bottle because that's what they've known. So that actually becomes the bulk of the appointment.

At that point, then the dentist comes in and does the exam, does a profi. If it's a young child, you can just do a toothbrush profi. You still bill a normal code. That's something that general dentists have a hard time understanding. They don't feel right billing a profi code when they've just taken a toothbrush to brush the child's teeth. But that's what might be age appropriate for that child. Finish up by doing a topical fluoride varnish treatment and then you or your staff can spend time educating that family about, you know, here's what we're seeing, here's that the treatment needs are. Or, in most cases, when you don't see anything except a normal healthy mouth, let the parent know what a wonderful job they're doing and then let them know that we want to see them back in three or six months, to make sure they know they're welcome to bring their child back.

And we don't want to just see this child when they're having toothaches or dental problems as that family might be accustomed to doing. But we want to see this child every six months so they get comfortable coming to the dentist and it's never a scary thing for that child to come in. One of the things that was hard for me to learn is sometimes when you work with families who may be of lower income, it's not always – It's not at the top of their list that day to necessarily get their child to the dentist. And a lot of dentists, and particularly dental students that I teach, will be frustrated and they'll ask me that question – How do you deal with all these no shows? And sometimes, it seems like these parents don't care enough to want to bring their child in to the dentist or to follow through with your treatment recommendations. And the thing that I always explain is I have to say, "You know, go back to your Psychology 101. Remember when they put up Maslow's hierarchy of needs." And one of the things that we have to be aware of is that all people, regardless of our income or where we come from, we base our needs on what are those most important basic needs first. So if things like food, clothing, shelter, and safety aren't being met in this family, it's very difficult to be thinking about dental visits.

But having said that, if you, as a dentist, and your staff let that parent know how much you care about their child, how important that child's dental health is, there are so many things you can do to let 'em

know, "We really want you to be there. We want you to keep that appointment, and we're here to help you keep that appointment."

But the best story I have is my husband is an obstetrician and he was getting ready to deliver a baby and the father says, "'Excuse me, I need to leave, but I'll be right back."

And my husband said, "No, you need to stick around. Here comes the baby. This is the main event. You're about ready to have your third child."

And he said, "No, you don't understand. My older two have dental visits with Dr. Meeske across the street. We have to keep those visits."

And my husband said, "It's okay. I think she would understand if you were here for the birth of your baby."

What I want to do next is demonstrate how we see children that might not yet be old enough or comfortable enough to go back into the clinic area and sit in a dental chair. And what we do is we have the child sit on mom's lap and first of all, I just interact with the child and I might show that child how we count teeth with my mirror – one, two, three. And then, I show 'em how we're going to brush the teeth, just like this. And then I would use my little paint brush and paint on fluoride varnish. Now, once you get very good and efficient at this, your staff is going to spend 95 percent of that patient visit with that child and that caregiver. The dentist will come in and basically do your job of the examination and if the parent has questions. So it ends up being a very short time the doctor spends with these families, if you so choose to do that way, if your practice is a busy practice.

So once – what we do with these kids is I tell mom, "We're going to lay Charlie back in our lap. I want you to straddle his legs around your lap and then you're going to hold Charlie's hands like this." Now, it's very important to let mom or the caregiver know it's normal for Charlie to cry and fuss. Charlie may wiggle as well. It's just like a child or a two year old sitting in church. It's normal to wiggle and fuss. So let mom know that that's okay so she doesn't get worried or anxious. And then, what I do is I tell Charlie, "We're going to open your mouth big, Charlie, just like the Lion King and we're going to count your teeth." And then I would take my mirror and I would go through and count his teeth. And what I'm doing is I'm looking to make sure how many primary teeth are present, is that normal for his growth and development and is age appropriate, and then I'm looking for any signs of dental disease. And as a dentist, of course you're going to be comfortable in identifying what's normal and what's not normal. And then, I demonstrate to the parent how we brush the teeth. And I'm using a normal size toothbrush on the three year old and demonstrating to mom. And then oftentimes, we'll turn the child around and I'll let mom demonstrate because it's really important to see how the parent is doing brushing the teeth.

What I find is many parents will have a motion of simply dusting the table as opposed to scrubbing the sink, and you want a motion of scrubbing the sink. But this is a great time to educate them about brushing, about how much toothpaste to use, and you will not be surprised to know that many of these families think you should only start brushing the teeth once the child goes to school or maybe once or twice a week. So they're very open to having information from the dental office staff about what's

appropriate in terms of home care. Of course, we would also go over diet, see if there were any risk factors for that. And then, if we were to find anything in Charlie's mouth, what we would do next is come up with a treatment plan. So I hope you've learned a lot today about Head Start and seeing Head Start kids in your office. I can tell you from my experience, it's incredibly rewarding. I feel like I'm making an impact. And the parents are so grateful to be able to learn about how to take care of their child's teeth.

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